

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

Dated: 11/8/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/12/2013
Date of Injury:	12/1/2004
IMR Application Received:	8/1/2013
MAXIMUS Case Number:	CM13-0005700

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325 #150 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 L5-S1 lumbar epidural steroid injection using fluoroscopy is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 urine drug screen is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/1/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/21/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Norco 10/325mg #150 is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **1 L5-S1 lumbar epidural steroid injection using fluoroscopy is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **1 urine drug screen is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and treatments and/or services at issue.

Expert Reviewer Case Summary:

782 pages of records are available for review. On the 3/15/13 pain management report, Dr. [REDACTED] notes pain at 9-10/10 without medications and 6-7/10 with medications. The lower back pain radiates down both lower extremities. The patient is in moderate distress, has slow gait, but no change to sensory or motor exam. Diagnoses include lumbar radiculopathy and chronic pain and right hip pain and Norco was prescribed. On 4/12/13, the pain was unchanged at 9-10/10 without meds, coming down to 6/10 with medications. By this date, there was decreased sensation to touch in the L5-S1 distribution down both legs; motor remained unchanged, Straight Leg Raise (SLR) was positive bilaterally at 70 degrees and a lumbar Epidural steroid injection (ESI) was requested. The 5/10/13 evaluation showed 7/10 pain with meds, 10/10 without meds, awaiting a lumbar epidural steroid injection (LESI). Examination on 5/10/13 did not show any radicular features. 6/7/13 pain unchanged, exam shows decreased sensation L5/S1 dermatome. SLR positive at 70 degs. 7/5/13 report notes the patient has weaned down on Norco from 300/month down to 150/month. The physician states she is on the lowest possible dose, and that Norco allows her to get out of bed and walk. Urine drug test (UDT) was performed on 1/18/13, - consistent, 4/12/13 – inconsistent showing hydromorphone, which was not prescribed and no discussion of the results on follow-up, 5/10/13 report. 6/7/13 UDT was not consistent showing negative for the Norco that was prescribed on 3/15/13 and renewed on 4/12/13, and 8/2/13 which still does not detect Norco. The physician has not reported on outcome of the UDTs and the results, consistent or inconsistent do not appear to change the course of care.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Provider
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for Norco 10/325 #150:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, When to discontinue Opioids, Long-term use of Opioids, Norco/Hydrocodone/Acetaminophen and Weaning of Medications, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Pain Interventions and Treatments, page 11 and Pain Outcomes and Endpoints, page 8, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain guidelines state “the treatment shall be provided as long as the pain persists beyond the anticipated time of healing and throughout the duration of the chronic pain condition.” A review of the submitted medical records indicates that the employee is reported to have pain in the low back that radiates down both lower extremities. The physician states the employee has 9-10/10 pain that is decreased to 6-7/10 with use of the medications. He reports that Norco helps to improve function, allows the employee to get out of bed and walk and complete activities of daily living (ADLs). **The request for Norco 10/325mg #150 is medically necessary and appropriate.**

2) Regarding the request for 1 L5-S1 lumbar epidural steroid injection using fluoroscopy:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural steroid injections, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections, page 46, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain guidelines state: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing for an Epidural steroid injection (ESI)." A review of the submitted medical records report some exam findings that may be suggestive of radiculopathy, including decreased sensation down the L5, S1 distribution, and reproduction of paresthesia on straight leg raise (SLR). However, there were no electrodiagnostic reports or lumbar imaging studies provided to support the suggestion of radiculopathy. **The request for a L5-S1 lumbar epidural steroid injection using fluoroscopy is not medically necessary and appropriate.**

3) Regarding the request for 1 urine drug screen:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

Rationale for the Decision:

The Official Disability Guidelines (ODG) state "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only." A review of the submitted medical records indicates that this employee was tested on 1/18/13, 4/12/13, 6/7/13 and 8/2/13, and there was no discussion of the urine drug test (UDT) results on subsequent evaluations. There is also no documented discussion on why the physician believes that the employee is at low, medium or high risk for drug abuse. **The request for a urine drug screen is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.